

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED Rafael Caro Quintero		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR-15-208-1(FB)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) USA v. Quintero		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant	9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other (Specify) <input checked="" type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency		
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. T. 18 U.S.C. Section 924(c)(1)(A)(i)					
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Elizabeth Macedonio 52 Duane Street, 7th Fl. New York, NY 10007		12. COURT ORDER: <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel			
Telephone Number: (212) 535-5494		Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel			
13. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. /S/ Frederic Block Signature of Presiding Judge or By Order of the Court 3/26/2025 Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
CLAIM FOR SERVICES AND EXPENSES					
14. STAGE OF PROCEEDING	Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.				
CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	gg. <input type="checkbox"/> State Court Appearance	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay	
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	h. <input type="checkbox"/> Evidentiary Hearing	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of	
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	i. <input type="checkbox"/> Dispositive Motions	Certiorari to the U.S.	p. <input type="checkbox"/> Clemency	
		j. <input type="checkbox"/> Appeal	Supreme Court Regarding		
			Denial of Stay		
HOURS AND COMPENSATION CLAIMED			FOR COURT USE ONLY		
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
a. In-Court Hearings (RATE PER HOUR = \$)			0.00		IN COURT TOTAL Category a 0.00
b. Interviews and Conferences with Client					IN COURT TOTAL Category a 0.00
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR = \$)		0.00	0.00	0.00	
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION	
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number		<input type="checkbox"/> Supplemental Payment			
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.					
I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED \$0.00	
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE	